



**Lead Course Notification Form**  
Louisiana Department of Environmental Quality  
OES, Permit Support Services Division  
Notifications and Accreditations Section  
P.O. Box 4313, Baton Rouge, LA 70821-4313  
Physical Address: 602 N 5<sup>th</sup> St, BR, LA 70802  
Phone (225) 219-3268 Fax (225) 219-3310

Please note that the Department **must receive all notifications 5 days before all courses and 2 days for Louisiana Regulations courses.** Also, the Department must be notified of any changes or cancellations for the above course before the course is scheduled to begin. Please fill out sections I through VIII for initial course notification. For amendments, please fill out sections I through IX.

**I. Training Provider Information:** (Please complete)

<b>Company Name:</b> _____	<b>Phone Number:</b> _____
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**II. Course Discipline Taught:** (Check appropriate box):

- ☐ Worker ☐ Inspector ☐ Project Designer  
☐ Supervisor ☐ Risk Assessor

**III. Type of Class:** ☐ Initial ☐ Refresher

**IV. Date(s) of Course:** Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**V. Time of Class:** \_\_\_\_\_

**VI. Language:** ☐ English ☐ Spanish ☐ Other (specify) \_\_\_\_\_

**VII. Class Location:** Physical Address (Include Room and Bldg No): \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_

If the Instructor plans to take the class to a temporary alternate site, please include the information below:

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Time: \_\_\_\_\_  
Date: \_\_\_\_\_ Location: \_\_\_\_\_ Time: \_\_\_\_\_

**VIII. Name of Instructor(s):** \*must list two DEQ asbestos accredited instructors for all initial courses.

1. \_\_\_\_\_  
2. \_\_\_\_\_

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**IX. Amendments: Please complete the following if amending a class:**

**Type of Change:** ☐ Date ☐ Instructor  
☐ Time ☐ Cancellation of Course  
☐ Location ☐ Other (please specify) \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_